

Delaware Cancer Mortality Rate Continues to Decline; Public Health Releases Latest Cancer Report

DOVER – Cancer screening and early detection efforts continue to drive down Delaware’s cancer death rates, say state public health officials. In particular, officials are seeing dramatic improvements in the all-site mortality rate among non-Hispanic African-American men, which decreased by 30 percent between the five-year periods of 2001-2005 and 2011-2015, according to the latest cancer data. The Division of Public Health (DPH) presented its annual report to the Delaware Cancer Consortium (DCC) today, following its meeting in Dover.

Cancer Incidence and Mortality in Delaware, 2011-2015 provides data for all cancer sites combined (all-site cancer) as well as eight site-specific cancer types – breast, colorectal, liver, lung, pancreatic, prostate, stomach and urinary bladder – for the five-year period. In addition, the report includes information about risk factors, screening, state of diagnosis, and data trends. Today, DPH also issued a secondary analysis report of all-site cancer incidence rates by census tract.

Delaware ranks 18th among states for highest all-site cancer mortality in the 2011-2015 time period, which is two slots lower (an improvement) compared to last year’s report, in which the state ranked 16th-highest during the 2010-2014 time period.

According to the report, Delaware’s all-site cancer mortality rate decreased 14 percent from 2001-2005 to 2011-2015, which is the same percentage decline seen nationally. However, despite continuing decreases, the state’s mortality rate

(175.1 deaths per 100,000 people) was still 7 percent higher than the U.S. rate of 163.5 for 2011-2015. The Delaware Cancer Consortium and the Division of Public Health remain committed to their efforts to further reduce cancer deaths in Delaware.

“We have made tremendous improvements over the years in helping Delawareans identify cancer earlier by encouraging cancer screenings, and accessing potentially life-saving treatment to improve opportunities for both short and long-term survival,” said Governor John Carney. “I am particularly grateful for the strong partnership between the Delaware Cancer Consortium, and Division of Public Health for coordinating our state’s cancer advocacy efforts, along with the support of many stakeholders, health care organizations and community champions.”

This year’s report also showed notable decreases in the all-site cancer mortality rates for specific populations. From 2001-2005 to 2011-2015, in addition to the 30 percent decrease seen among African-American men, there was a 19 percent decrease among Caucasian men, and 7 percent decrease among Hispanic men. Among women, there was a 14 percent decrease for African Americans, 13 percent for Caucasian women, and 4 percent decrease for Hispanic women.

“Seeing a reduction in certain cancer disparities is both encouraging and rewarding, as it is a sign that we are making positive steps toward achieving health equity among all Delawareans regardless of race, ethnicity or gender,” said Dr. Kara Odom Walker, Secretary of the Department of Health and Social Services (DHSS) and a practicing family physician. “We can achieve even greater successes as we move from a system focused on the treatment of diseases to one increasingly focused on the prevention of diseases.”

Regarding incidence, or diagnosis of new cancer cases, Delaware’s all-site cancer incidence rate decreased 3 percent from 2001-2005 (504.2 per 100,000) to 2011-2015 (495.3 per

100,000). Still, the state's all-site cancer incidence rate in 2011-2015 was 13 percent higher than the comparable U.S. rate (439.2 per 100,000).

While Delaware is ranked second among states for all-site cancer incidence, this may be due, in part, to the state's continued increases in early detection and screening. All-site cancer incidence fell 9 percent among men, but increased by 3 percent in women. More specifically, it decreased by 15 percent among African-American men, 9 percent among Hispanic men, and 7 percent among Caucasian men.

Lung cancer, the most frequently diagnosed cancer in the nation and in Delaware, continues to be of concern, as it accounted for 19 percent of all newly diagnosed cancer cases and 29 percent of all cancer deaths in Delaware from 2011-2015. Most lung cancer cases are diagnosed in the distant stage, when the cancer has spread to distant tissues, organs or lymph nodes and is more difficult to successfully treat.

In April, the DCC launched an educational campaign to encourage current and former smokers in high-risk groups to have a low-dose computer tomography (CT) scan. High-risk individuals are those persons 55 to 80 years of age, who are a current smoker and who smoke a pack of cigarettes a day for the last 30 years or more, or two packs a day for the last 15 years or more; or quit smoking within the last 15 years and had smoked a pack of cigarettes a day for 30 or more years, or two packs a day for 15 or more years. Smoking is the number one risk factor for lung cancer, and 85 to 90 percent of all lung cancers are caused by tobacco use, according to the U.S. Department of Health and Human Services. Recent health policy in the form of Senate Bill 25 raises the legal age for sales of tobacco and vape products in Delaware from 18 to 21. The Institute of Medicine (IOM) estimates that increasing the age of sale to 21 could decrease tobacco-related deaths by 10 percent. The new law takes effect July 16, 2019.

Another area of concern for public health officials is the increase in liver cancer incidence and mortality. While liver cancer accounted for just 2 percent (506) of all newly diagnosed cancer cases from 2011-2015, those cases represented a 75 percent increase compared to the 2001-2005 time period. Additionally when comparing the two time periods, there was a 44 percent increase in deaths from liver cancer. Liver cancer incidence and mortality rates are significantly higher for African Americans than for Caucasians. Liver cancer incidence rates are 11.5 per 100,000 cases for African Americans compared to 7.6 per 100,000 cases for Caucasians, and mortality rates are 13.9 per 100,000 and 8.8 per 100,000 deaths respectively.

The increases are largely attributed to the hepatitis C virus, particularly in the baby boomer population, but are also highly attributable to three major lifestyle factors including alcohol use/abuse, smoking and obesity. While there is no vaccine for the hepatitis C virus, screening, early identification and treatment are effective.

“Liver cancer is one that can be prevented, and the power to do that is in everyone’s hands,” said DPH Director Dr. Karyl Rattay. “If we want to begin to reduce the number of new cancer cases and cancer deaths in our state, we have to ensure that injection drug users are not sharing dirty needles, increase efforts to get people to reduce their obesity risk, lower their alcohol consumption and stop smoking tobacco. DPH is planning a more in-depth look at the geographic areas where these issues intersect in order to better direct prevention-focused resources to address this issue.”

To further assist Delaware residents in making informed decisions about their health, DPH launched the My Healthy Community data portal (myhealthycommunity.dhss.delaware.gov) earlier this year to share health data in the hopes of empowering communities to address their health issues. The site delivers neighborhood-focused population health,

environmental and social determinant of health data at the smallest geographical area available.

To view the full Cancer Incidence and Mortality Report, 2011-2015, as well as the secondary analysis report of census tracts with higher incidence of cancer, visit https://www.dhss.delaware.gov/dhss/dph/dpc/files/ct_analysis2011-2015_2019.pdf.

Breast Cancer

- Female breast cancer mortality in Delaware decreased 12 percent over the last decade (2001-2005 to 2011-2015), slightly lower than the 17 percent decline seen nationally.
- From 2001-2005 to 2011-2015, the breast cancer incidence rate increased by 6 percent. Part of the increase in female cancer incidence may be due to increased screening efforts by DPH; Delaware is ranked third nationally in breast cancer screening (mammography). According to the Behavioral Risk Factor Survey (BRFS), 78% of Delaware females 40 and older were screened for breast cancer in the previous 2 years.
- The proportion of breast cancer cases diagnosed in the earliest, most treatable stage has greatly improved in Delaware over the past three decades. The proportion of Delaware breast cancers diagnosed at the local stage increased from 42 percent in 1980-1984 to 67 percent in 2011-2015.

Colorectal Cancer

- From 2001-2005 to 2011-2015, Delaware's colorectal cancer incidence rate decreased 30 percent, a higher decrease than the comparable U.S. rate (22 percent).
- Ranked 38th nationally, Delaware's colorectal cancer incidence rate of 37.3 diagnoses per 100,000 was lower than the U.S. rate of 39.4 per 100,000.
- From 1980-1984 through 2011-2015, the percentage of colorectal cancers diagnosed at the local (most treatable) stage increased from 32 percent to 40 percent.
- From 2001-2005 to 2011-2015, Delaware's colorectal cancer mortality rates declined 50 percent among non-Hispanic

African-American males, compared to 30 percent among non-Hispanic Caucasian males. During the same time period, colorectal cancer mortality declined 32 percent among non-Hispanic African-American females, compared to 35 percent among non-Hispanic Caucasian females.

- Delaware ranks 12th nationally for meeting colorectal cancer screening recommendations. According to the BRFSS, 77% of Delawareans met the US screening recommendations compared to 68% nationally

Lung Cancer

- From 2001-2005 to 2011-2015, Delaware's lung cancer incidence rate decreased 10 percent. The national incidence rate decreased 14 percent.
- From 2001-2005 to 2011-2015, Delaware's lung cancer mortality rate declined 19 percent. The national mortality rate declined 20 percent.
- From 2001-2005 to 2011-2015, Delaware's lung cancer mortality rates declined 36 percent among non-Hispanic African-American males and 25 percent among non-Hispanic African-American females.

Prostate Cancer

- From 2001-2005 to 2011-2015, prostate cancer mortality in Delaware declined 37 percent, which is higher than the decrease seen nationally (28 percent).
- Between 2001-2005 and 2011-2015, prostate cancer incidence rates in Delaware decreased by 22 percent.
- From 1980-1984 through 2011-2015, Delaware's percentage of prostate cancer cases diagnosed in the local stage increased substantially, from 50 percent to 78 percent.
- Delaware ranks 6th for prostate cancer screening tests. According to the BRFSS, 45% of Delaware males 40 and older had a PSA test in the past 2 years compared to 39% nationally.

For more information about DPH's cancer prevention and treatment work, visit

<https://www.dhss.delaware.gov/dhss/dph/dpc/cancer.html> or call

the Delaware Comprehensive Cancer Control Program at 302-744-1020. For more information about the Delaware Cancer Consortium, including its recommendations, visit <https://www.healthydelaware.org/Consortium>. To learn how to prevent, detect, and treat chronic diseases, visit the Healthy Delaware website: [HealthyDelaware.org](https://www.healthydelaware.org).

Those seeking lung cancer screening criteria and scheduling should visit [HealthyDelaware.org/lung](https://www.healthydelaware.org/lung) or call 302-401-4212 to speak with a screening nurse navigator. Providers in search of free lung cancer screening materials should visit <https://www.healthydelaware.org/Healthcare-Providers/Cancer/Lung>.

Delaware tobacco users seeking help quitting can contact the Delaware Quitline, a free tobacco cessation counseling hotline for residents 18 and older, at 1-866-409-1858 or <http://dhss.delaware.gov/dph/dpc/quitline.html>.

A person who is deaf, hard-of-hearing, deaf-blind or speech-disabled can call the DPH phone number above by using TTY services. Dial 7-1-1 or 800-232-5460 to type your conversation to a relay operator, who reads your conversation to a hearing person at DPH. The relay operator types the hearing person's spoken words back to the TTY user. To learn more about TTY availability in Delaware, visit <http://delawarerelay.com>.

The Delaware Department of Health and Social Services is committed to improving the quality of the lives of Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations. DPH, a division of DHSS, urges Delawareans to make healthier choices with the 5-2-1 Almost None campaign: eat 5 or more fruits and vegetables each day, have no more than 2 hours of recreational screen time each day (includes TV, computer, gaming), get 1 or more hours of physical activity each day, and drink almost no sugary beverages.